

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Every Voice Action		FEC IDENTIFICATION NUMBER ▼ C C00566208	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mack Sumner Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 2001 N Beauregard St Ste 420			Amount 42091.14		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VN7BA9WTPS0		
Purpose of Expenditure Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>		
Calendar Year-To-Date Per Election for Office Sought 192924.14			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Mack Sumner Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 2001 N Beauregard St Ste 420			Amount 600.00		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VN7BA9WX8X6		
Purpose of Expenditure Online Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Marilinda Garcia		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 75537.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42691.14
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2014

Signature

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NAME OF COMMITTEE (In Full) Every Voice Action		FEC IDENTIFICATION NUMBER ▼ C C00566208	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee New Partners Consulting			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1250 I St NW Ste 200			Amount 40000.00		
City Washington	State DC	Zip Code 20005-5994	Transaction ID : VN7BA9WX704		
Purpose of Expenditure Online Advertising		Category/ Type 004	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		192924.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Revolution Messaging			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1730 Rhode Island Ave NW Ste 301			Amount 31218.96		
City Washington	State DC	Zip Code 20036-3120	Transaction ID : VN7BA9WX6M1		
Purpose of Expenditure Online Advertising		Category/ Type 004	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Doug Ose		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		58120.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71218.96
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Revolution Messaging			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1730 Rhode Island Ave NW Ste 301			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div>		
City Washington	State DC	Zip Code 20036-3120	Transaction ID : VN7BA9WX6S9		
Purpose of Expenditure Online Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate NAN HAYWORTH			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">66053.66</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">153910.10</div>

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